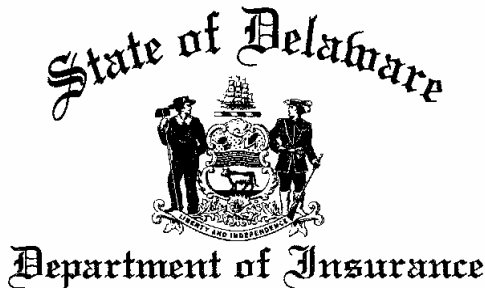


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Revised 06/06

MATTHEW DENN
INSURANCE COMMISSIONER841 SILVER LAKE BLVD.
DOVER, DELAWARE 19904-2465
(302) 739-4251
FACSIMILE (302) 739-5280

PLEASE PRINT OR TYPE

DATE APPROVED: _____

REQUEST FOR A DELAWARE INSURANCE LICENSE

PART 1 LICENSEE IDENTIFICATION

NAME _____

SOC. SEC. NO. _____ BIRTH DATE _____

Are you a Citizen of the United States? (Check One) ☐ Yes ☐ No (If No, of which country are you a citizen? _____)
(If No, you must supply proof of eligibility to work in the U.S.)

Residence Address Information

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Business Address Information

EMPLOYER'S NAME _____

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS E-MAIL ADDRESS _____ BUSINESS WEBSITE ADDRESS _____

Mailing Address Information

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PART 2 TYPE OF LICENSE REQUESTED

- | | | |
|--|---|---|
| <input type="checkbox"/> 01 Producer \$ 75 | <input type="checkbox"/> 05 Appraiser \$ 75 | <input type="checkbox"/> 08 Limited Lines Producer \$ 75 |
| <input type="checkbox"/> 04 Adjuster \$ 75 | <input type="checkbox"/> 05A Apprentice Appraiser \$ 25 | <input type="checkbox"/> 11 Temporary Producer \$ 75 |
| <input type="checkbox"/> 04A Apprentice Adjuster \$ 25 | <input type="checkbox"/> 06 Surplus Lines Broker \$200 | <input type="checkbox"/> 12 Misc. Ltd. Lines Producer \$ 75 |
| <input type="checkbox"/> 04P Public Adjuster \$ 75 | <input type="checkbox"/> 07 Fraternal Producer \$ 75 | |

PART 3 LINES OF AUTHORITY

- | | | |
|--|--|---|
| <input type="checkbox"/> (01) Life | <input type="checkbox"/> (06) Surety | <input type="checkbox"/> (10) Credit |
| <input type="checkbox"/> (02) Health | <input type="checkbox"/> (07) Title | <input type="checkbox"/> (11) Travel Accident and Baggage |
| <input type="checkbox"/> (04) Property | <input type="checkbox"/> (08) Variable Annuity | <input type="checkbox"/> (13) Marine & Transportation |
| <input type="checkbox"/> (05) Casualty | <input type="checkbox"/> (09) Motor Vehicle | <input type="checkbox"/> (14) Personal Lines |
| | | <input type="checkbox"/> (24) Automobile Club |

NON-RESIDENT MISCELLANEOUS LINES OF AUTHORITY

- | | | |
|---|--|---|
| <input type="checkbox"/> (21) Agricultural Agent | <input type="checkbox"/> (23) Crop/Hail | <input type="checkbox"/> (26) Prepaid Legal Agent |
| <input type="checkbox"/> (22) Auto Mechanic Breakdown | <input type="checkbox"/> (25) Prepaid Dental Plans | <input type="checkbox"/> (27) Workers' Compensation |

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ____ Yes ____ No ____

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ____ Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ____ No ____

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ____ No ____

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? Yes ____ No ____

Applicants Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).